

FOSTER CARE CITIZEN REVIEW BOARD VOLUNTEER APPLICATION

Mr./Ms./Mrs. _____

First Name

Initial

Last Name

Address: _____

Street

City

Zip Code

Phone Number: _____

Daytime/Work

Evening

The following questions are asked in order to comply with the law establishing Foster Care Citizen Review Boards (Judicial Code 78-3g-103):

- a. "Each panel has seven members, five of whom must be parents."
- b. "A panel member may not be an employee of the Division [of Child and Family Services] or the Juvenile Court."
- c. "Panel members are to be representative of the ethnic, cultural, religious, socio-economic, and professional diversity found in the community."

PERSONAL INFORMATION

_____ Male _____ Female _____ Married _____ Single _____ Divorced _____ Widowed

Are you a parent? _____ Yes _____ No Birth Date: _____

Religious Affiliation: _____ Second Language? _____

Level of school completed: _____ HS Diploma _____ AA, AS _____ BA, BS _____ Master _____ Other

Employer: _____ Occupation _____ Degree/Major _____

Ethnic Origins: _____ African American _____ Asian _____ Caucasian _____ Hispanic
_____ Native American _____ Pacific Islander _____ Other

Family Income: _____ Under \$10,000 _____ \$10,000 to \$20,000 _____ \$20,000 to \$30,000 _____ \$30,000 to \$40,000 _____ Over \$40,000

Please describe any education, job, community service, or life experience background that you believe will help you in serving on a Citizen Review Board:

Have you had any experience or involvement with the Division of Child and Family Services or the Foster Care System (as a client, foster parent, adoptive parent, foster child, youth advocate, guardian ad litem, etc.)? If so, please describe.

Why do you wish to serve?

In what other volunteer service are you involved?

Have you, since the age of 18, been convicted of a crime involving children? _____ Yes _____ No

Anyone with a felony conviction may not serve as a Board Member (62A-4a-413). Would you be willing to submit to a Criminal History Background Check if you are chosen as a Review Board Member?

_____ Yes _____ No _____ * (Needed for Background check)

Social Security Number*

Which day of the week could you attend review meetings?* (Circle) **T W TH**

*Note: You will be provided with advance notice of the date of each month's review. Review Board's usually meet on the same day each month from 8:00 am to 5:00 pm.

How did you hear about the Citizen Review Board Program?

You are welcome to attach a resume or other information as part of your application.

REFERENCES

Please list three references—at least one personal and no more than one relative:

_____	_____	_____
Name	Address / City / ST / Zip	Phone
_____	_____	_____
Name	Address / City / ST / Zip	Phone
_____	_____	_____
Name	Address / City / ST / Zip	Phone

I understand that completing this application does not ensure appointment to a Citizen Review Board. Furthermore, I understand that if there are any changes to the information provided on this application, I will notify the FCCRB within 30 days. This includes any involvement with DCFS as a client or any involvement with the Criminal Justice System.

Signature

Date

Thank you for your interest in service and for filling out this application



Please Return to:
Christine Brown, Volunteer Services Coordinator
Foster Care Citizen Review Board
1385 South State Street, Room 231
P.O. Box 142501
Salt Lake City, UT 84114-2501
Phone: (801) 468-0036
Fax: (801) 468-0215
Toll Free: 1-877-877-0296

